

Name
in
Full

Harriette Jane Broadwater
Town
Merrill County
Harriett Co

CERTIFICATE OF DEATH

MARYLAND

Died at Merrill

Date of death 1909 Dec

Day

6

Age

Years

67

Months

10

Days

19

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

John Wesley Broadwater

Father's
Name

John Merrill

Father's
Birthplace

Maryland

Mother's
Maiden Name

Ellen Bechzell

Mother's
Birthplace

Maryland

Name of person giving
Information

Chas W Barbers

How related
to deceased

Nephew

CAUSES OF DEATH

123

Primary

Indigestion

How long

3 years

Immediate

Chronic leptitis

How long

6 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H L Berans

Grantsville Md

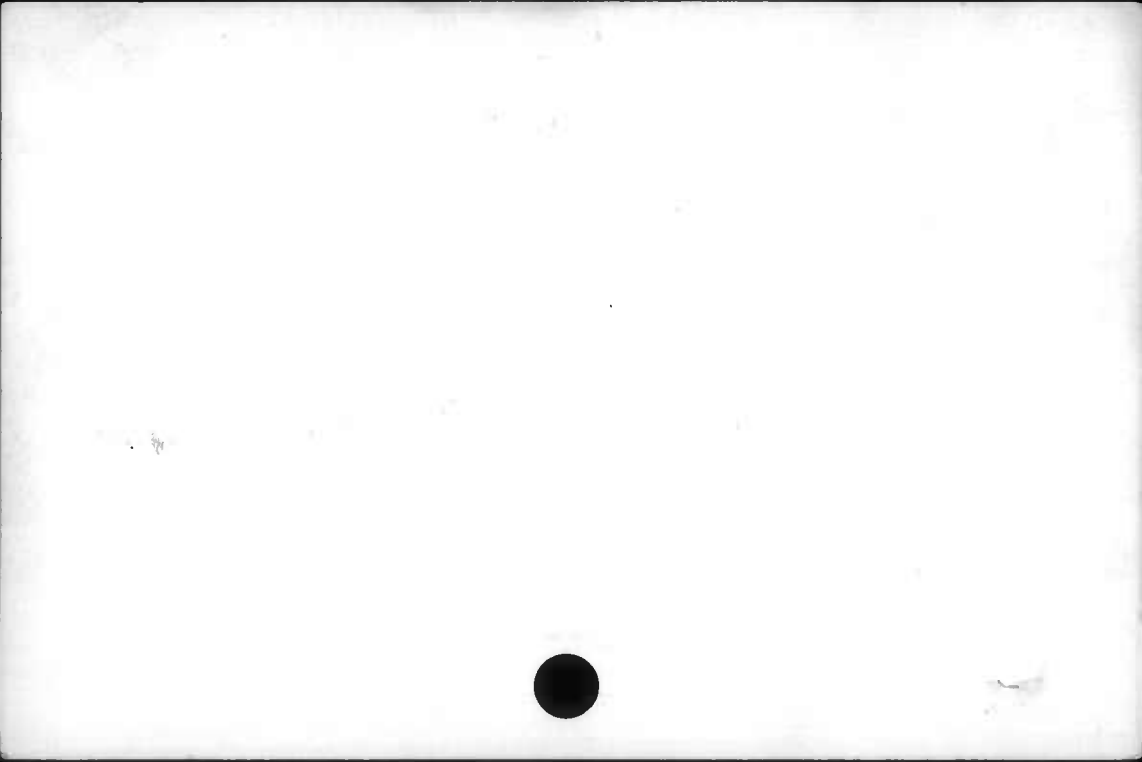
Accident or Suicide

I have not seen this case for two weeks

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Q



Name
in
Full

Hester Paul Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

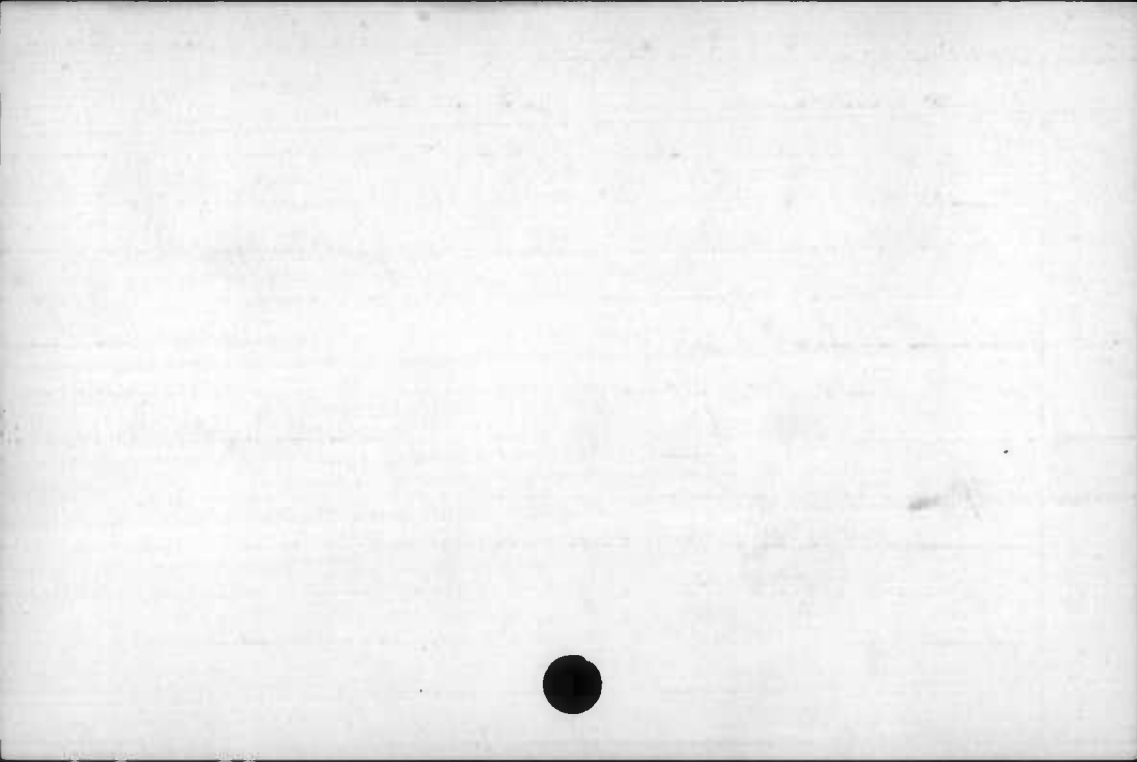
Died at <u>Dodson</u> Town		<u>Barnett</u> County		MARYLAND	
Date of death	<u>1909</u>	Month <u>Dec</u>	Day <u>8</u>	Age <u>Years</u>	Months <u>4</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Dodson</u>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Benjamin Davis</u>			Father's Birthplace <u>Barnett Co</u>		
Mother's Maiden Name <u>Becky Pennell</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Ben Davis</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<u>Malignant</u>	How long	<u>2 hours</u>
Immediate	<u>Spasm</u>	How long	<u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Hugh Stecher</u>	
		Address <u>Blaine Wc</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Homer Davis

MARYLAND

Died at

Chiffes

County

Garnatt

Date

of death

1909

Month

Dec

Day

22

Years

Age 25

Months

6

Days

22

Sex

Male

Color or
Race

White

Birth-
place

Preston Co. W. Va.

Occupation

Miner

Where Residing if not
at place of death

Chiffes

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

D. M. Davis

Father's
Birthplace

Preston Co. W. Va.

Mother's
Maiden Name

M. E. Nettie

Mother's
Birthplace

Harpersburg

Name of person giving
Information

T. J. Folkes

How related
to deceased

Folkes

CAUSES OF DEATH

Primary

Killed by engine

Immediate

Killed

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. P. Bohland
B. L. Davis
W. Va.

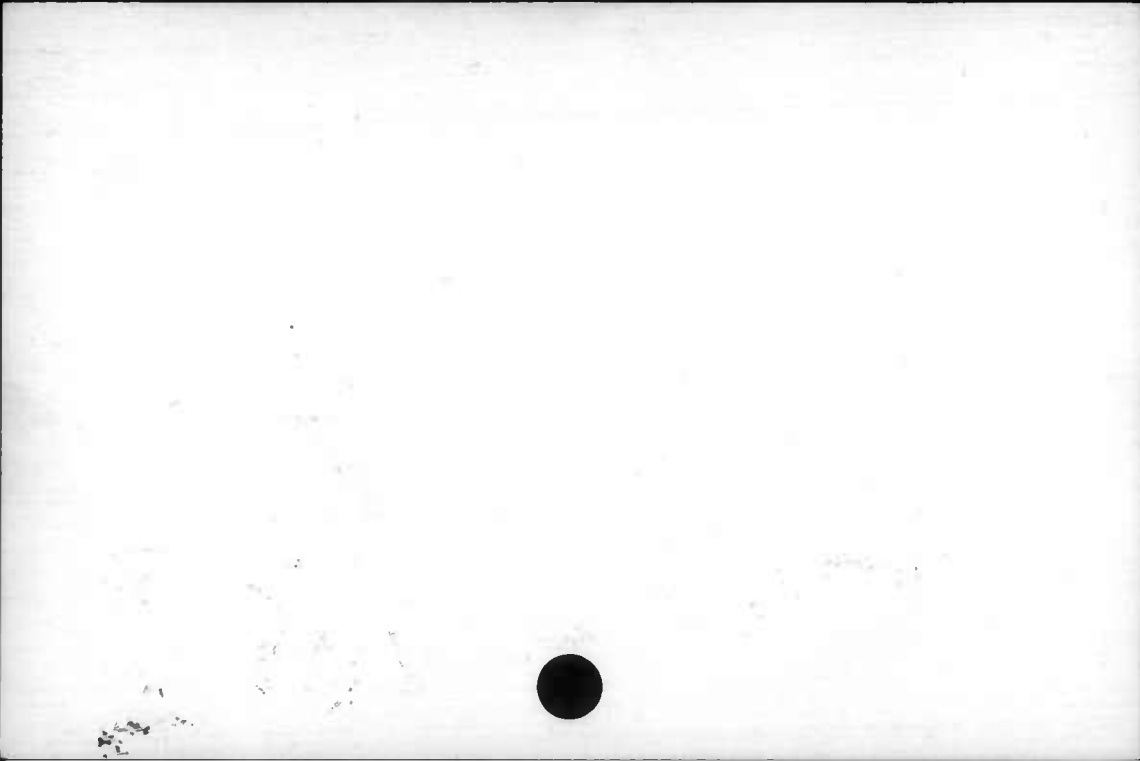
Accident or Suicide

Accident

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

✓



Name
in
Full

Charles L. East

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Accident</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death	<i>1904</i>	Month	<i>Dec.</i>	Day	<i>2nd</i>
Age	<i>17</i>	Years	<i>3</i>	Months	<i>25</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Pa.</i>
Occupation	<i>Student</i>		Where Residing if not at place of death <i>Friendaville Md.</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Wm. H. East</i>			Father's Birthplace	<i>England</i>
Mother's Maiden Name	<i>Malinda Hettrich</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>Wm. H. East</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Gun shot wound of L. Leg.</i>	How long	<i>5 1/2 hrs.</i>
Immediate	<i>Hemorrhage + Shock</i>	How long	<i>5 1/2 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. C. Bower Md.</i>
		Address	<i>Grantaville Md.</i>
Accident or Suicide?	<i>Accident</i>		

Brindsville Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Earnest O. Friend

Died near ^{Town} Kendall ^{County} Garrett.

MARYLAND

Date of death 1909 Dec 31 Age — Months — Days 20

Sex Male Color or Race White Birth-place Maryland

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name E. C. Friend Father's Birthplace Md

Mother's Maiden Name Ethel A. Kissner Mother's Birthplace Md

Name of person giving Information E. C. Friend How related to deceased Father

CAUSES OF DEATH

Primery Exaume

How long Don't know

Immediate "

How long "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

No Physician
Dr. W. H. Savage
Freundville, MdReported by W. H. Savage
Accident or SuicidePHYSICIAN
OR CORONER

Brownie Green

8

Name
in
Full

George Alexandra Haenfling
Town Barrett County

CERTIFICATE OF DEATH

MARYLAND

Died at Accident
Date of death 1909 Dec. 21 Age 5
Sex Male Color or Race White Birth-place Maryland
Occupation — Where Reaiding if not at place of death —

Married, Single or Widowed

Name of Wife or Husband

Father's Name

John Haenfling

Father's Birthplace

Maryland

Mother's Maiden Name

Kate S. Brinkhard

Mother's Birthplace

Maryland

Name of person giving Information

Frederick Brinkhard

How related to deceased

Wife

CAUSES OF DEATH

Primary

Bad cold.

How long

a few days

Immediate

Scarlet fever

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

B. H. Busch

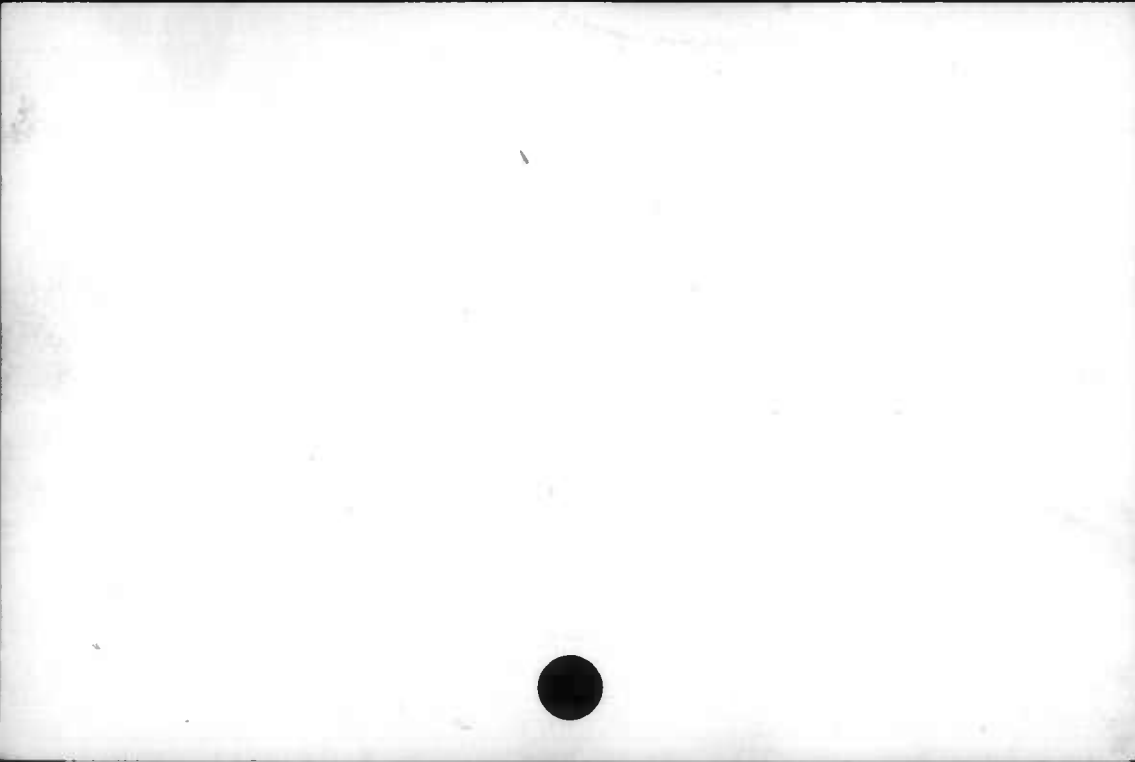
Address

Accident Ind.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Garretts</i>		Town <i>Wade W. Parker</i>		County <i>Garrett</i>		MAYLAND	
Date of death <i>1909</i>	Month <i>Dec</i>	Day <i>31</i>	Age <i>62</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hardy Co. W. Va</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Nancy A. Parker</i>						
Father's Name	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information <i>Ed. Parker</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Heart Failure</i>	How long	<i>✓</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>G. S. Hamill</i>	
		Address <i>Registration Officer for Garrett County</i>	
Accident or Suicide?			



Name
in
Full

E. Harbor & Roth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

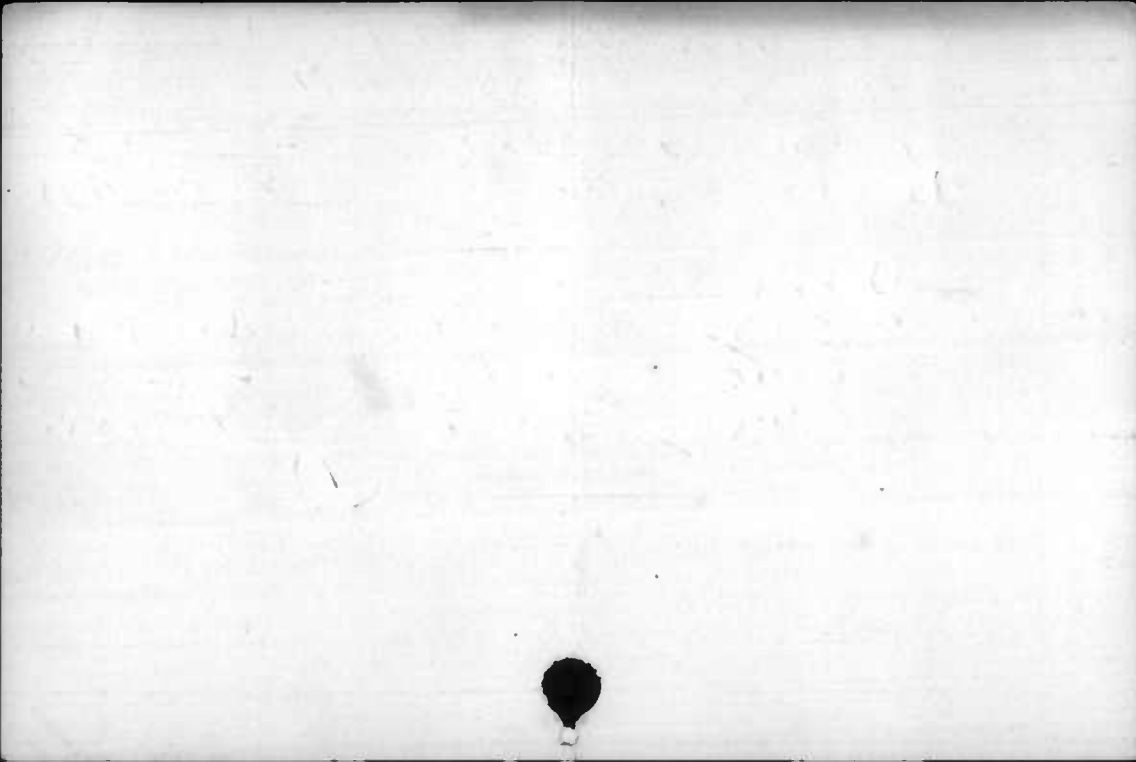
Died at		Town		County		MARYLAND	
Date of death	190	Month	14	Age	28	Months	2
Sex	male	Color or Race	White	Birth-place	Larvato Md.		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		A. E. W. Roth		Father's Birthplace		Larvato Md.	
Mother's Maiden Name		Susan B. Hobbs		Mother's Birthplace		Creston W. Va.	
Name of person giving information		Henry W. Roth		How related to deceased		Father	

CAUSES OF DEATH

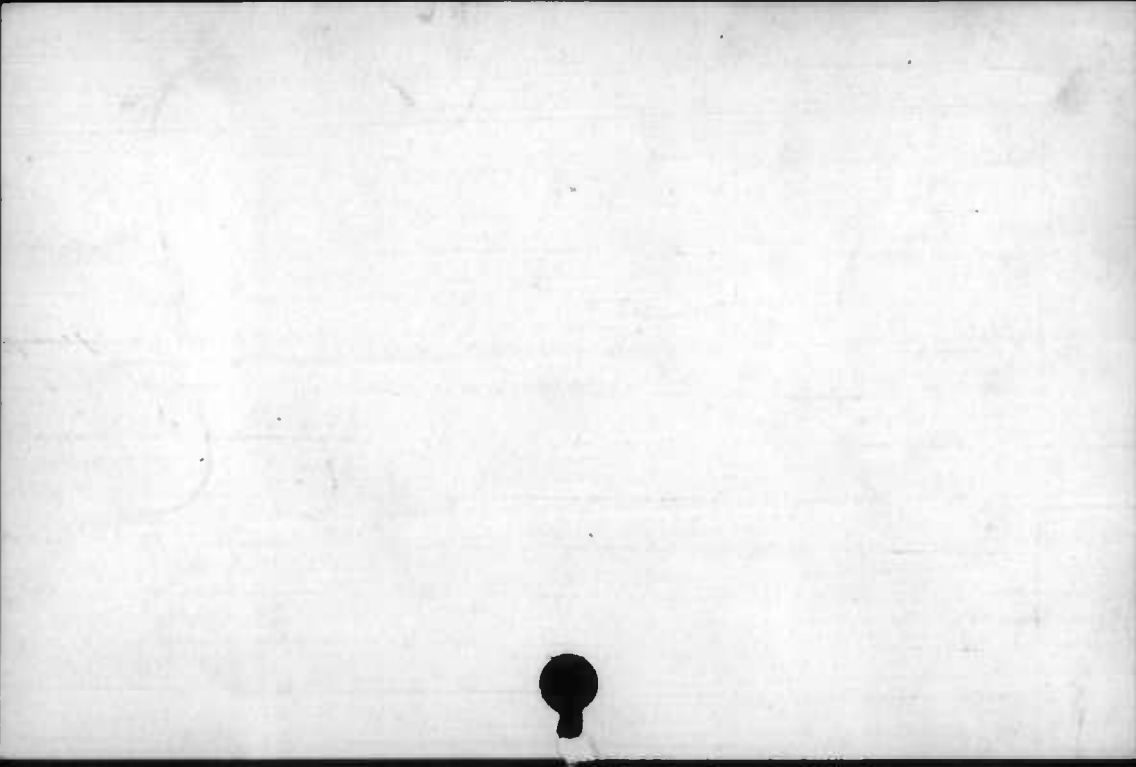
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PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	10 days
Immediate	Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Amos A. Schenck	
Address		Egdon W. Va.	
Accident or Suicide?		_____	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Grantsville</i>		County <i>Barrett</i>		State <i>MARYLAND</i>
	Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>11</i>	Years <i>19</i>	Months <i>2</i> Days <i>19</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>	
	Occupation <i>Laborer</i>	Where Residing if not at place of death <i>d. to. A. Beachy's</i>			
	Married, Single or Widowed <i>single</i>	Name of Wife or Husband			
	Father's Name <i>J. W. Shiver</i>	Father's Birthplace <i>Pennsylvania</i>			
	Mother's Maiden Name <i>Nora Hinebaugh</i>	Mother's Birthplace <i>Pennsylvania</i>			
Name of person giving information <i>Arthur Shiver</i>	How related to deceased <i>Brother</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Double Pneumonia</i>	How long <i>4 days</i>			
	Immediate <i>Cardiac failure</i>	How long <i>7 hrs.</i>			
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. C. Bowen M.D.</i>			
		Address <i>Grantville Md</i>			
	Accident or Suicide?				



Name
in
Full

Almira M. Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

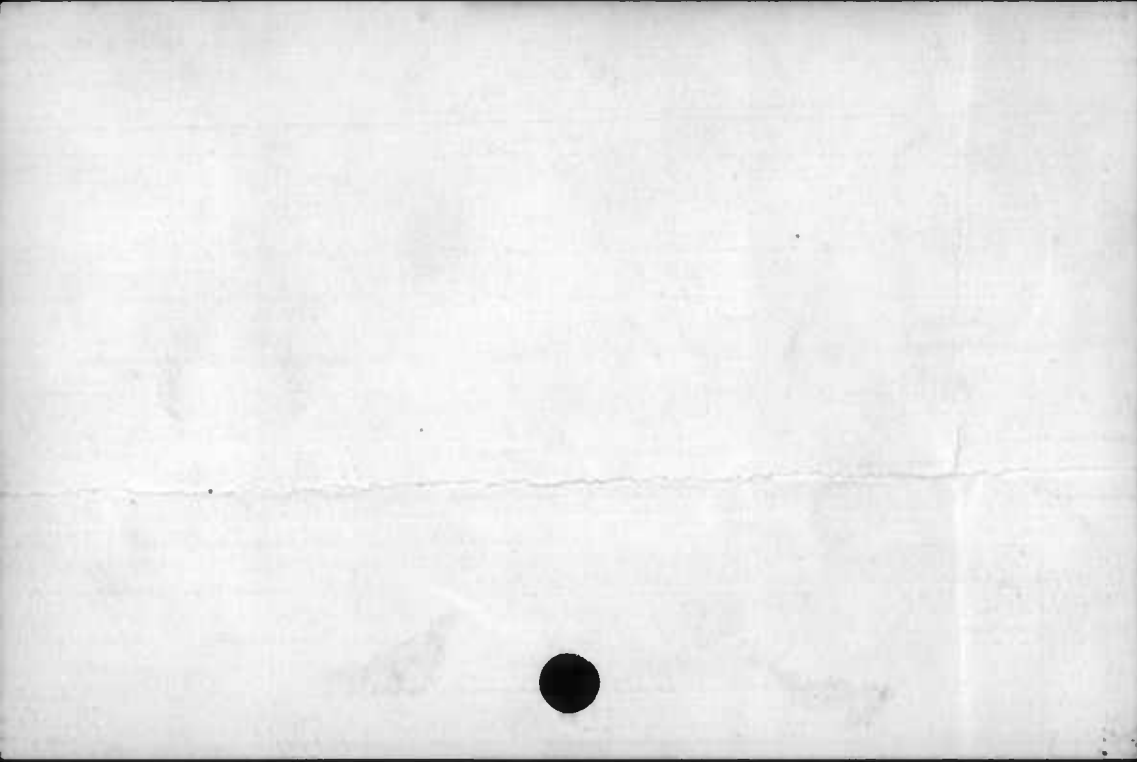
Died at <i>Shade Mills</i> <small>Town</small>		<i>Garrett</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	Month <i>12</i>	Day <i>22</i>	Age <i>71</i> <small>Years</small>	Months <i>3</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co Pa</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Shade Mills</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joshua Turner</i>				
Father's Name <i>Joseph Corley</i>	Father's Birthplace <i>Bedford Co. Pa</i>				
Mother's Maiden Name <i>Sarah Leatherby Hyatt</i>	Mother's Birthplace <i>Bedford Co. Pa.</i>				
Name of person giving information <i>William T. Turner</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary <i>Peritonitis</i>	How long <i>9 days</i>
Immediate <i>Cardiac failure</i>	How long <i>8 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. C. Bowen M.D.</i>
	Address <i>Grantville Md</i>
Accident or Suicide?	<i>MD</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harster. Mc. Wynkoop
 Town *Freundsville* County *Garrett* MARYLAND

Died at *Freundsville*

Date of death 1909 *Dec* *27* Age *30* Months *7* Days *3*

Sex *male* Color or Race *White* Birth-place *Pa*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Edith. adell Wynkoop*

Father's Name *Miles Wynkoop* Father's Birthplace *Pa*

Mother's Maiden Name *Charlet Bady* Mother's Birthplace *Pa*

Name of person giving Information *Edith. adell Wynkoop* How related to deceased *wife*

CAUSES OF DEATH

Primary *Typhoid Fever* How long *3 wks*

Immediate *Perforation* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. J. Mason M.D.*

Address *Freundsville, Md.*

Accident or Suicide

PHYSICIAN
OR CORONER

Friendsville cemetery